

The McGraw-Hill Companies

09/21/2011

148 Princeton-Hightstown Road, N-2
Hightstown, NJ 08520-1450

Weil, Gotshal & Manges LLP
767 Fifth Avenue
New York, New York 10153
Telephone: (212) 310-8000
Facsimile: (212) 310-8007
Attn: Robert J. Lemons, Esq.

In Re: Lehman Brothers Holdings Inc., et al.
Chapter 11 Case No. 08-13555 (JMP)

Proof of Claim No. 8085

Dear Mr. Lemons:

This letter is being sent to you in response to a notice we received in regards to the above-referenced chapter 11 case hearing on Debtor's One Hundred Ninety-Sixth Omnibus Objection to claims (Inferred Debtor Claims), with hearing to be held on 10/27/2011.

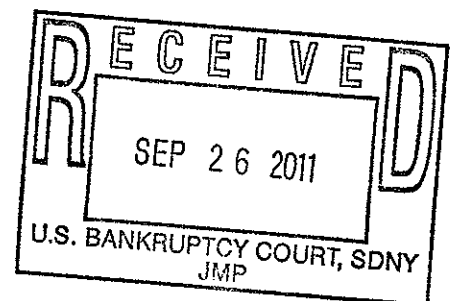
Please be advised that we, The McGraw-Hill Companies had filed a proof of claim against the above debtor, Lehman Brothers Holdings Inc., et al. on 7/31/2009 for \$6,665.80. The original claim was addressed to Lehman Brothers Holding Inc., et al. with case # 08-13555(JMP), not as Lehman Brothers Special Financing Inc. 08-13888(JMP) stated in the Exhibit A. Attached is the copy of the filing sent to Lehman Brothers Holding Claim Processing Center/Epiq Bankruptcy Solution, LLC for your verification. It was filed/received by Epiq. Systems on 8/12/2009.


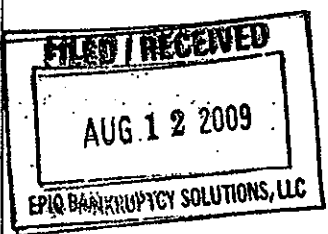
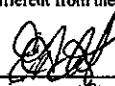
Please kindly correct our claim status accordingly to reflect our claim against to Lehman Brothers Holdings Inc., et al. and do not hesitate to contact us if you have any questions.

Sincerely,

David W. Smith
Accounts Receivable Senior Manager
The McGraw-Hill Companies
609-426-5297
609-426-7639 (fax)

cc: The Chambers of the Honorable James M. Peck
One Bowling Green, Courtroom 601
New York, NY 10004



United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		<h2 style="margin: 0;">PROOF OF CLAIM</h2>	
In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	UNIQUE IDENTIFICATION NUMBER: Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000008085 	
Name of Debtor Against Which Claim is Held		Case No. of Debtor	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) The McGraw-Hill Companies 148 Princeton Hightstown Road Hightstown, NJ 08520 Telephone number: 609-426-5880 Email Address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where payment should be sent (if different from above) Telephone number: _____ Email Address: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ 6,665.80 If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.* <input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.* *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lehman-claims.com AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lehman-claims.com if claim is a based on a Derivative Contract or Guarantee.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____	
2. Basis for Claim: Goods Sold (See instruction #2 on reverse side.)		FOR COURT USE ONLY 	
3. Last four digits of any number by which creditor identifies debtor: 0745 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____ (See instruction #6 on reverse side.)			
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. DO NOT SEND ORIGINAL DOCUMENTS: ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
Date: 07/31/2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Elizabeth Infante, Credit Team Leader 		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

The McGraw-Hill Companies

148 Princeton-Hightstown Road
Hightstown, NJ 08520-1450

INVOICE

Page 1

Invoice Number: IK00004539
Customer Number: A99000745
Invoice Date: 06/22/07
Terms: Net Cash on Receipt of Invoice
Payable in US Dollars

THE MCGRAW-HILL COMPANIES
P.O. BOX 7247-8822
PHILADELPHIA PA 19170-8822

Bill to Address:

MELISSA AVILES
LEHMAN BROTHERS
745 7TH AVE
NEW YORK NY 10019

Ship to Address:

LEHMAN BROTHERS
745 7TH AVENUE
NEW YORK NY 10019

Please refer to the INVOICE NUMBER on all correspondence and all References for proper APPLICATION of cash.

Description	Quantity	Unit Price	Total Price USD
REF 270521			
1 BUSINESS WEEK ISSUE: 3/26/07 QUANTITY: 1000	1.00 EA	5,900.00 EA	5,900.00
2 SHIPPING CHARGE	1.00 EA	20.00 EA	20.00
3 SALES TAX 8.375%	1.00 EA	495.80 EA	495.80
ARTICLE: BW50 RANKING			
Please Return BOTTOM portion of this invoice with remittance. Invoice is Payable in US Dollars ONLY. Inquiries please call 609-426-7134		Sub-Total	6,415.80
		GRAND TOTAL	6,415.80

The McGraw-Hill Companies

148 Princeton-Hightstown Road
Hightstown, NJ 08520-1450

Please Send Payment to:

THE MCGRAW-HILL COMPANIES
P.O. BOX 7247-8822
PHILADELPHIA PA 19170-8822

Customer # A99000745
Invoice # IK00004539 FEDERAL EIN 13-1026995

Charge my credit card. (Circle One)

Discover Visa MasterCard American Express

Card #

Expire Date

Signature

MELISSA AVILES
LEHMAN BROTHERS
745 7TH AVE
NEW YORK NY 10019

PLEASE DO NOT WRITE IN THE SPACE BELOW

01000990007450000IK00004539006415806

Total Amount Due: 6,415.80 Amount Enclosed:

To insure proper credit, Please INDICATE ACCOUNT NUMBER ON CHECK.
RETURN THIS PORTION with payment, in U.S. DOLLARS drawn on U.S. Bank

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148 Princeton-Hightstown Road
Hightstown, NJ 08520-1450

INVOICE

Page 1

Invoice Number: IZ00000795
Customer Number: A99000745
Invoice Date: 06/13/08
Terms: Net Cash on Receipt of Invoice
Payable in US Dollars

THE MCGRAW-HILL COMPANIES
P.O. BOX 7247-8822
PHILADELPHIA PA 19170-8822

Bill to Address:

ARI TAN
LEHMAN BROTHERS
745 7TH AVE
NEW YORK NY 10019

Ship to Address:

LEHMAN BROTHERS
745 7TH AVENUE
NEW YORK NY 10019

Please refer to the INVOICE NUMBER on all correspondence and all References for proper APPLICATION of cash.

Description	Quantity	Unit Price	Total Price USD
REF 370601 1 BUSINESSWEEK NON-PHOTOCOPY PERM ISSUE: 6/1/08 FORMAT: WEBSITE TITLE: PASSWORD USER GROUP FOR GLOBAL INFRASTRUCTURE FORMAT: WEBSITE ARTICLE: THE TROUBLE WITH INDIA	1.00 EA	250.00 EA	250.00
Please Return BOTTOM portion of this invoice with remittance. Invoice is Payable in US Dollars ONLY. Inquiries please call 609-426-7134		Sub-Total	250.00
		GRAND TOTAL	250.00

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148 Princeton-Hightstown Road
Hightstown, NJ 08520-1450

Please Send Payment to:

THE MCGRAW-HILL COMPANIES
P.O. BOX 7247-8822
PHILADELPHIA PA 19170-8822

Customer #

Invoice #

A99000745
IZ00000795

FEDERAL EIN 13-1026995

Charge my credit card. (Circle One)

Discover

Visa

MasterCard

American Express

Card #

Expire Date

Signature

ARI TAN
LEHMAN BROTHERS
745 7TH AVE
NEW YORK NY 10019

PLEASE DO NOT WRITE IN THE SPACE BELOW

01000990007450000IZ00000795000250001

Total Amount Due:

250.00

Amount Enclosed:

To insure proper credit, Please INDICATE ACCOUNT NUMBER ON CHECK.
RETURN THIS PORTION with payment, in U.S. DOLLARS drawn on U.S. Bank

The McGraw-Hill Companies

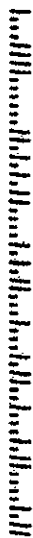
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RECEIVED

AUG 10 2009

Lehman Brothers Holding Claims Processing
c/o EPIG Bankruptcy Solution, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

1015035076 B026



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